

DE

SADIE EDWARDS, GRANTOR

TO

QUITCLAIM DEED

ROBERT CROFT, ET UX, GRANTEEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable legal consideration, receipt and sufficiency of which is hereby acknowledged, I, SADIE EDWARDS, do hereby sell, convey and quitclaim unto ROBERT CROFT and wife, TAMMY CROFT, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 9A, 2<sup>nd</sup> Revision of the Wheeler Farms First Addition, in Section 12, Township 4 South, Range 8 West, in DeSoto County, Mississippi, as shown on the plat of record in Plat Book 72, Page 3, in the office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is made for a more particular description.

By way of explanation, Charles Edwards passed away on April 5, 2002. A copy of his death certificate is attached hereto as Exhibit "A".

Taxes for the year 2007, when due in January 2008, will be paid by the Grantee.

WITNESS our signatures this the 2 day of August, 2007.

Sadie Edwards  
SADIE EDWARDS, GRANTOR

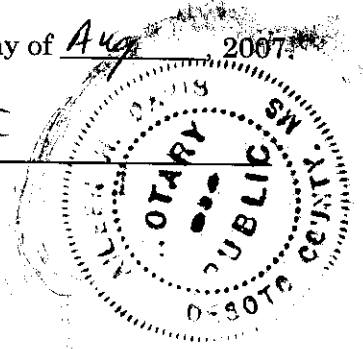
STATE OF MISSISSIPPI  
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named SADIE EDWARDS, who acknowledged signing and delivering the above and foregoing Quitclaim Deed on the day and date therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

WBB

GIVEN under my hand and official seal of office this the 3 day of Aug, 2007.

Anten H. Davis  
Notary Public



My Commission Expires:

Nov 22, 2007

GRANTOR'S ADDRESS: 337 Northwood Hills, Hernando, MS 38632  
Home No. 662-429-0064; Work No. n/a

GRANTEES' ADDRESS: 285 Gaines Road, Hernando, MS 38632  
Home No. 662-429-3996; Work No. n/a

Prepared by:  
Walker, Brown & Brown, P. A.  
P. O. Box 276  
Hernando, MS 38632  
(662) 429-5277  
(901) 521-9292

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

BK 567 PG 68

PE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
HANDBOOKSTATE FILE  
NUMBER

1. DECEDENT'S NAME (First, Middle, Last) <b>CHARLES LEE EDWARDS</b>				2. SEX <b>MALE</b>		3. DATE OF DEATH (Month, Day, Year) <b>APRIL 5, 2002</b>					
4. SOCIAL SECURITY NUMBER (of Decedent) <b>[REDACTED]</b>		5a. AGE-LAST BIRTHDAY (years) <b>66</b>		5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) <b>APRIL 8, 1935</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>ABERDEEN, MS</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) <b>ST. FRANCIS HOSPITAL</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>MEMPHIS</b>				9d. COUNTY OF DEATH <b>SHELBY</b>			
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>SADIE AUSTIN</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>OWNER</b>				12b. KIND OF BUSINESS/INDUSTRY <b>UNIVERSAL CONSTRUCTION CO.</b>			
13a. RESIDENCE-STATE <b>MISSISSIPPI</b>		13b. COUNTY <b>DESOTO</b>		13c. CITY, TOWN OR LOCATION <b>SOUTHAVEN</b>				13d. STREET AND NUMBER OR RURAL LOCATION <b>6480 SWINNEA RD.</b>			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE <b>38671</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) <b>WHITE</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>9</b> College (1-4 or 5-)			
17. FATHER'S NAME (First, Middle, Last) <b>OSCAR LEE EDWARDS</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>FLORA CLEMENTS</b>							
19a. INFORMANT'S NAME (Type/Print) <b>SADIE A. EDWARDS</b>				19b. RELATIONSHIP TO DECEASED <b>WIFE</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6480 SWINNEA RD., SOUTHAVEN, MS 38671</b>					
20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input checked="" type="checkbox"/> Other (Specify) <b>ENTOMBMENT</b>				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>MEMORIAL PARK MAUSOLEUM</b>				20c. LOCATION-City or Town, State <b>MEMPHIS, TN.</b>			
21a. SIGNATURE OF FUNERAL DIRECTOR <b>CAROLE A. YOUNG</b>				21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>4929</b>		21c. SIGNATURE OF EMBALMER <b>GEORGE ROSEBERRY</b>		21d. LICENSE NUMBER OF EMBALMER <b>5303</b>			
22a. NAME AND ADDRESS OF FUNERAL HOME <b>MEMORIAL PARK FUNERAL HOME, 5668 POPLAR AVE., MEMPHIS, TN 38119</b>				22b. LICENSE NUMBER OF FUNERAL HOME <b>522</b>							
23. REGISTRAR'S SIGNATURE <b>Mary Ann Bradshaw</b>				24. DATE FILED (Month, Day, Year) <b>MAY 01 2002</b>							
25a. PHYSICIAN to the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <b>A. Earl Weeks</b>				25b. LICENSE NUMBER <b>MO019652</b>		25c. DATE SIGNED (Month, Day, Year) <b>4-17-02</b>					
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)					
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>DR. A. EARL WEEKS, 6005 PARK AVE., MEMPHIS, TN 38119</b>											
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Acute Respiratory Distress Syndrome</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>Acutely Deformed Atherosclerosis of Myocardial Vessels</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>to some extent</b> DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death <b>3 days</b> <b>6 months</b>											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.											
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

NAME OF DECEDENT:  
For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

SIGNATURE OF MEDICAL  
MINER EXECUTING  
THIS CERTIFICATE MUST  
BE COMPLETE AND SIGN  
DICAL CERTIFICATION  
WITHIN 48 HOURS.SEE INSTRUCTIONS  
ON OTHER SIDECAUSE OF  
DEATH